

# IC / ASSOCIATE IC NOTIFICATION-CHANGE FORM

Department for Employee Insurance  
Enrollment Information Branch  
501 High Street, 2<sup>nd</sup> Floor  
Ph# (502) 564-1205  
Fax# (502) 564-1085  
Attn: Teresa Shipley

*Please notify DEI if you experience a change of IC, your IC is no longer performing IC duties or your IC leaves your employment. Only the primary Insurance Coordinator can be set up in our system to receive automatic email.*

**Company Number**\_\_\_\_\_ **Agency Name** \_\_\_\_\_

**Main Insurance Coordinator Name**\_\_\_\_\_

**SSN**\_\_\_\_\_ **Birthday**\_\_\_\_\_

**Email Address**\_\_\_\_\_

**Phone Number**\_\_\_\_\_ **Fax Number**\_\_\_\_\_

**Begin Date** \_\_\_\_\_ **End Date**\_\_\_\_\_

Do you need Web QE Access with Ceridian? **Yes / No** (To trigger COBRA notification)

Is your fax machine HIPAA compliant? **Yes / No** (Is this machine used by the IC/ AIC only?)

## Associate Insurance Coordinators

**Company Number**\_\_\_\_\_ **Agency Name** \_\_\_\_\_

**Associate Insurance Coordinator Name**\_\_\_\_\_

**SSN**\_\_\_\_\_ **Birthday**\_\_\_\_\_

**Email Address**\_\_\_\_\_

**Phone Number**\_\_\_\_\_ **Fax Number**\_\_\_\_\_

**Begin Date** \_\_\_\_\_ **End Date**\_\_\_\_\_

Do you need Web QE Access with Ceridian? **Yes / No** (To trigger COBRA notification)

Is your fax machine HIPAA compliant? **Yes / No** (Is this machine used by the IC/ AIC only?)

**Company Number**\_\_\_\_\_ **Agency Name** \_\_\_\_\_

**Associate Insurance Coordinator Name**\_\_\_\_\_

**SSN**\_\_\_\_\_ **Birthday**\_\_\_\_\_

**Email Address**\_\_\_\_\_

**Phone Number**\_\_\_\_\_ **Fax Number**\_\_\_\_\_

**Begin Date** \_\_\_\_\_ **End Date**\_\_\_\_\_

Do you need Web QE Access with Ceridian? **Yes / No** (To trigger COBRA notification)

Is your fax machine HIPAA compliant? **Yes / No** (Is this machine used by the IC/ AIC only?)